Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	Ī	BASIC FEE	375:00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*	0	Ī	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*	8		X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in col			olumn 2	L	TOTAL		OR	TOTAL	750	
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1) CLAIMS	<b>日本 表示</b>	(Colur		(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X42=	,	OR	X84=		
<u>_</u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)						ADDIT: 1 LE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	*	
	Independent	Minus ***  SENTATION OF MULTIPLE DEPENDEN			CLAIM	=		X42=		OR	X84=		
	THE STATE OF MOCHEL DEFENDENT CEANING							+140=		OR	+280=		
	•						A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	.,	OR	X\$18=		
	Independent	*	Minus	***		=	lf	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nun	mber Previously Pa iber Previously Pa	aid For IN THI id For" (Total o	S SPACE I r Independ	is less tha ent) is tha	शा उ, enter "3." e highest numbe			propriate box	in co	lumn 1,		